



**ICD-9-CM Coordination and Maintenance Committee Meeting
March 5, 2013
Diagnosis Agenda**

Welcome and announcements

Donna Pickett, MPH, RHIA

Co-Chair, ICD-9-CM Coordination and Maintenance Committee

Diagnosis Topics:

Salter Harris Fractures and Other Physeal Fractures	8
David Freedman, D.P.M. Representing the American Podiatric Medical Association (APMA)	
Reactions to Gluten, and Gluten Sensitivity	14
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ICD-9-CM TIMELINE

A timeline of important dates in the ICD-9-CM process is described below:

March 5, 2013	ICD-9-CM Coordination and Maintenance Committee meeting.
April 1, 2013	There were no requests for ICD-9-CM codes to capture new technology for implementation on April 1, 2013. Therefore, there will be no new ICD-9-CM procedure codes implemented on April 1, 2013.
April 6, 2013	Deadline for receipt of public comments on proposed code revisions discussed at the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2013.
April 2013	Notice of Proposed Rulemaking to be published in the <u>Federal Register</u> as mandated by Public Law 99-509. This notice will include the final ICD-9-CM diagnosis and procedure codes for the upcoming fiscal year. It will also include proposed revisions to the DRG system on which the public may comment. The proposed rule can be accessed at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp
April 2013	Summary report of the Procedure part of the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows: http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html Summary report of the Diagnosis part of the March 5, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on the NCHS webpage as follows: http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm
June 2013	Final addendum posted on web pages as follows: Diagnosis addendum - http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm Procedure addendum - http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html

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- July 12, 2013** **Those members of the public requesting that topics be discussed at the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must have their requests to CMS for procedures and NCHS for diagnoses.**
- August 1, 2013 Hospital Inpatient Prospective Payment System final rule to be published in the Federal Register as mandated by Public Law 99-509. This rule will also include all the final codes to be implemented on October 1, 2013.
This rule can be accessed at:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html?redirect=/AcuteInpatientPPS/IPPS/list.asp>
- August 2013 Tentative agenda for the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage at -
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/meetings.html>

Tentative agenda for the Diagnosis part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the NCHS webpage at -
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

Federal Register notice for the September 18 –19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be published. This will include the tentative agenda.
- August 16, 2013** **On-line registration opens for the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting at:**
<https://www.cms.gov/apps/events/default.asp>
- September 6, 2013 Because of increased security requirements, those wishing to attend the September 18 - 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting must register for the meeting online at:
<https://www.cms.gov/apps/events/default.asp>

Attendees must register online by September 6, 2013; failure to do so may result in lack of access to the meeting.
- September 18 –19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting

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Those who wish to attend the ICD-9-CM Coordination and Maintenance Committee meeting **must have registered for the meeting online by September 6, 2013**. You must bring an official form of picture identification (such as a drivers license) in order to be admitted to the building.

October 2013

Summary report of the Procedure part of the September 18 – 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting will be posted on the CMS webpage as follows:
<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>

Summary report of the Diagnosis part of the September 18– 19, 2013 ICD-9-CM Coordination and Maintenance Committee meeting report will be posted on NCHS homepage as follows:
http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm

October 1, 2013

New and revised ICD-9-CM codes go into effect along with DRG changes. Final addendum posted on web pages as follows:

Diagnosis addendum -

http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

Procedure addendum -

<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>

October 4, 2013

Deadline for receipt of public comments on proposed code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on April 1, 2014.

November 2013

Any new ICD-9-CM codes required to capture new technology that will be implemented on the following April 1 will be announced. Information on any new codes to be implemented April 1, 2013 will be posted on the following websites:

<http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/addendum.html>

http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

November 15, 2013

Deadline for receipt of public comments on any proposed ICD-10-CM code revisions discussed at the September 18-19, 2013 ICD-9-CM Coordination and Maintenance Committee meetings for implementation on October 1, 2014.

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Contact Information

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Comments on the ICD-9-CM and ICD-10-CM proposals presented at the ICD-9-CM Coordination and Maintenance Committee meeting should be sent to the following email address: nhsicd9CM@cdc.gov

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David Berglund (301) 458-4095

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NCHS Classifications of Diseases web page:

<http://www.cdc.gov/nchs/icd.htm>

Please consult this web page for updated information.

Partial Code Freeze for ICD-9-CM and ICD-10 Finalized

The ICD-9-CM Coordination and Maintenance Committee implemented a partial freeze of the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) codes prior to the implementation of ICD-10 which would end one year after the implementation of ICD-10. The implementation of ICD-10 was delayed from October 1, 2013 to October 1, 2014 by final rule CMS-0040-F issued on August 24, 2012.

Links to this final rule may be found at:

http://www.cms.gov/Medicare/Coding/ICD10/Statute_Regulations.html.)

There was considerable support for this partial freeze. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- On October 1, 2012 and October 1, 2013 there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2014, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2015, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. At these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation within ICD-10 on and after October 1, 2015 once the partial freeze has ended.

Continuing Education Credits

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS/NCHS ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting.

Continuing Education Information for American Academy of Professional Coders (AAPC)

If you plan to attend or participate via telephone the ICD-9-CM Coordination and Maintenance (C&M) Committee Meeting, you should be aware that CMS /NCHS do not provide certificates of attendance for these calls. Instead, the AAPC will accept your printed topic packet as proof of participation. Please retain a your topic packet copy as the AAPC may request them for any conference call you entered into your CEU Tracker if you are chosen for CEU verification. Members are awarded one (1) CEU per hour of participation.

Continuing Education Information for American Health Information Management Association (AHIMA)

AHIMA credential-holders may claim 1 CEU per 60 minutes of attendance at an educational program. Maintain documentation about the program for verification purposes in the event of an audit. A program does not need to be pre-approved by AHIMA, nor does a CEU certificate need to be provided, in order to claim AHIMA CEU credit. For detailed information about AHIMA's CEU requirements, see the Recertification Guide on AHIMA's web site.

Please note: The statements above are standard language provided to NCHS by the AAPC and the AHIMA. If you have any questions concerning either statement, please contact the respective organization, not NCHS.

Salter Harris Fractures and Other Physeal Fractures

Fractures through the growth plate in growing young people are called physeal fractures. These are classified into Salter-Harris fracture types (named for the authors who first described them).

Salter-Harris fracture type I follows the growth plate, separating the epiphysis from the metaphysis in long bones. These are more common in younger childhood. Salter-Harris fracture type II goes through the growth plate and metaphysis (toward the longer shaft of the bone from the growth plate), but does not affect the epiphysis (the end of the bone). These happen more in children older than 10 years, and are the most common type. Healing is rapid and growth is not usually affected in Salter-Harris fracture types I and II.

Salter-Harris fracture type III goes through the growth plate and epiphysis, but does not involve the metaphysis. These usually happen after age 10, and when the growth plate is partially fused. These often cause chronic disability, affecting the articular surface of the bone. Surgery is often needed.

Salter-Harris fracture type IV goes across the growth plate and affects both the metaphysis and the epiphysis. These may happen at any age. These may affect growth, as well as involving the articular surface of the bone, and may cause chronic disability. Surgery may be needed.

Other physeal fractures are less common. A Salter-Harris fracture type V involves compression of the growth plate, which can destroy growth potential, and lead to unequal limb lengths or abnormal limb angles.

Specific ICD-10-CM codes exist for a number of physeal fracture types involving the long bones of the limbs. However, these types of fractures may also affect the growth plates of various bones in the foot, including the calcaneus, the metatarsals, and the phalanges. The American Podiatric Medical Association (APMA) has recommended that additional codes be created to specifically represent these types of fractures. These are proposed to be implemented on October 1, 2015.

TABULAR MODIFICATIONS

S92 Fracture of foot and toe, except ankle

S92.0 Fracture of calcaneus

Add Excludes2: Physeal fracture of calcaneus (S99.0-)

S92.3 Fracture of metatarsal bone(s)

Add Excludes2: Physeal fracture of metatarsal (S99.1-)

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	S92.4	Fracture of great toe
Add		Excludes2: Physeal fracture of phalanx of toe (S99.2-)
	S92.5	Fracture of lesser toe(s)
Add		Excludes2: Physeal fracture of phalanx of toe (S99.2-)
	S99	Other and unspecified injuries of ankle and foot
Delete		The appropriate 7th character is to be added to each code from category S99
		A—initial encounter
		D—subsequent encounter
		S—sequela
New subcategory	S99.0	Physeal fracture of calcaneus
		The appropriate 7th character is to be added to each code from subcategories S99.0
	A	initial encounter for closed fracture
	B	initial encounter for open fracture
	D	subsequent encounter for fracture with routine healing
	G	subsequent encounter for fracture with delayed healing
	K	subsequent encounter for fracture with nonunion
	P	subsequent encounter for fracture with malunion
	S	sequela
New subcategory	S99.00	Unspecified physeal fracture of calcaneus
New code	S99.001	Unspecified physeal fracture of right calcaneus
New code	S99.002	Unspecified physeal fracture of left calcaneus
New code	S99.009	Unspecified physeal fracture of unspecified calcaneus
New subcategory	S99.01	Salter-Harris Type I physeal fracture of calcaneus
New code	S99.011	Salter-Harris Type I physeal fracture of right calcaneus
New code	S99.012	Salter-Harris Type I physeal fracture of left calcaneus
New code	S99.019	Salter-Harris Type I physeal fracture of unspecified calcaneus
New subcategory	S99.02	Salter-Harris Type II physeal fracture of calcaneus
New code	S99.021	Salter-Harris Type II physeal fracture of right calcaneus
New code	S99.022	Salter-Harris Type II physeal fracture of left calcaneus

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New code	S99.029	Salter-Harris Type II physeal fracture of unspecified calcaneus
New subcategory	S99.03	Salter-Harris Type III physeal fracture of calcaneus
New code	S99.031	Salter-Harris Type III physeal fracture of right calcaneus
New code	S99.032	Salter-Harris Type III physeal fracture of left calcaneus
New code	S99.039	Salter-Harris Type III physeal fracture of unspecified calcaneus
New subcategory	S99.04	Salter-Harris Type IV physeal fracture of calcaneus
New code	S99.041	Salter-Harris Type IV physeal fracture of right calcaneus
New code	S99.042	Salter-Harris Type IV physeal fracture of left calcaneus
New code	S99.049	Salter-Harris Type IV physeal fracture of unspecified calcaneus
New subcategory	S99.09	Other physeal fracture of calcaneus
New code	S99.091	Other physeal fracture of right calcaneus
New code	S99.092	Other physeal fracture of left calcaneus
New code	S99.099	Other physeal fracture of unspecified calcaneus
New subcategory	S99.1	Physeal fracture of metatarsal The appropriate 7th character is to be added to each code from subcategories S99.1 A initial encounter for closed fracture B initial encounter for open fracture D subsequent encounter for fracture with routine healing G subsequent encounter for fracture with delayed healing K subsequent encounter for fracture with nonunion P subsequent encounter for fracture with malunion S sequela
New subcategory	S99.10	Unspecified physeal fracture of metatarsal
New code	S99.101	Unspecified physeal fracture of right metatarsal
New code	S99.102	Unspecified physeal fracture of left metatarsal
New code	S99.109	Unspecified physeal fracture of unspecified metatarsal
New subcategory	S99.11	Salter-Harris Type I physeal fracture of metatarsal
New code	S99.111	Salter-Harris Type I physeal fracture of right metatarsal

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New code	S99.112	Salter-Harris Type I physeal fracture of left metatarsal
New code	S99.119	Salter-Harris Type I physeal fracture of unspecified metatarsal
New subcategory	S99.12	Salter-Harris Type II physeal fracture of metatarsal
New code	S99.121	Salter-Harris Type II physeal fracture of right metatarsal
New code	S99.122	Salter-Harris Type II physeal fracture of left metatarsal
New code	S99.129	Salter-Harris Type II physeal fracture of unspecified metatarsal
New subcategory	S99.13	Salter-Harris Type III physeal fracture of metatarsal
New code	S99.131	Salter-Harris Type III physeal fracture of right metatarsal
New code	S99.132	Salter-Harris Type III physeal fracture of left metatarsal
New code	S99.139	Salter-Harris Type III physeal fracture of unspecified metatarsal
New subcategory	S99.14	Salter-Harris Type IV physeal fracture of metatarsal
New code	S99.141	Salter-Harris Type IV physeal fracture of right metatarsal
New code	S99.142	Salter-Harris Type IV physeal fracture of left metatarsal
New code	S99.149	Salter-Harris Type IV physeal fracture of unspecified metatarsal
New subcategory	S99.19	Other physeal fracture of metatarsal
New code	S99.191	Other physeal fracture of right metatarsal
New code	S99.192	Other physeal fracture of left metatarsal
New code	S99.199	Other physeal fracture of unspecified metatarsal
New subcategory	S99.2	Physeal fracture of phalanx of toe The appropriate 7th character is to be added to each code from subcategories S99.2 A initial encounter for closed fracture B initial encounter for open fracture D subsequent encounter for fracture with routine healing G subsequent encounter for fracture with delayed healing K subsequent encounter for fracture with nonunion P subsequent encounter for fracture with malunion S sequela

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New subcategory	S99.20	Unspecified physeal fracture of phalanx of toe
New code	S99.201	Unspecified physeal fracture of phalanx of right toe
New code	S99.202	Unspecified physeal fracture of phalanx of left toe
New code	S99.209	Unspecified physeal fracture of phalanx of unspecified toe
New subcategory	S99.21	Salter-Harris Type I physeal fracture of phalanx of toe
New code	S99.211	Salter-Harris Type I physeal fracture of phalanx of right toe
New code	S99.212	Salter-Harris Type I physeal fracture of phalanx of left toe
New code	S99.219	Salter-Harris Type I physeal fracture of phalanx of unspecified toe
New subcategory	S99.22	Salter-Harris Type II physeal fracture of phalanx of toe
New code	S99.221	Salter-Harris Type II physeal fracture of phalanx of right toe
New code	S99.222	Salter-Harris Type II physeal fracture of phalanx of left toe
New code	S99.229	Salter-Harris Type II physeal fracture of phalanx of unspecified toe
New subcategory	S99.23	Salter-Harris Type III physeal fracture of phalanx of toe
New code	S99.231	Salter-Harris Type III physeal fracture of phalanx of right toe
New code	S99.232	Salter-Harris Type III physeal fracture of phalanx of left toe
New code	S99.239	Salter-Harris Type III physeal fracture of phalanx of unspecified toe
New subcategory	S99.24	Salter-Harris Type IV physeal fracture of phalanx of toe
New code	S99.241	Salter-Harris Type IV physeal fracture of phalanx of right toe
New code	S99.242	Salter-Harris Type IV physeal fracture of phalanx of left toe
New code	S99.249	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe
New subcategory	S99.29	Other physeal fracture of phalanx of toe
New code	S99.291	Other physeal fracture of phalanx of right toe
New code	S99.292	Other physeal fracture of phalanx of left toe

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New code S99.299 Other physeal fracture of phalanx of
unspecified toe

Add S99.8 Other specified injuries of ankle and foot
The appropriate 7th character is to be added to each code from
category S99.8

Add A initial encounter

Add D subsequent encounter

Add S sequela

Add S99.9 Unspecified injury of ankle and foot
The appropriate 7th character is to be added to each code from
category S99.9

Add A initial encounter

Add D subsequent encounter

Add S sequela

Reactions to Gluten, and Gluten Sensitivity

Gluten is a protein complex found in wheat and other grains, that has long been recognized to cause reactions in some people. Celiac disease is the best known type of reaction to gluten exposure. It is an autoimmune disease, with findings that can range from intestinal symptoms of diarrhea and weight loss to systemic problems of anemia, osteoporosis, and neurological problems, or in some cases may be clinically silent but detected on screening tests.

Relatively recently, other types of reactions to gluten have been recognized. Other autoimmune reactions to gluten include gluten ataxia and dermatitis herpetiformis, both of which may occur together with celiac disease and associated autoimmune findings, or may occur without celiac disease. Gluten ataxia is a cerebellar ataxia, which may occur by itself or with other symptoms such as myoclonus, palatal tremor, or opsoclonus myoclonus. The gait is always affected, and most also have a limb ataxia. MRI will usually show cerebellar atrophy in gluten ataxia. In dermatitis herpetiformis, a rash with small blisters is found, which affects the elbows and upper forearm over 90% of the time. It may also affect the knees, face, scalp, neck, shoulders, trunk, buttocks, and sacrum.

Wheat allergy is another type of gluten reaction, which may affect the skin, gastrointestinal tract, or respiratory system. The term gluten sensitivity was previously used essentially as a synonym for celiac disease. However, gluten sensitivity has more recently come to refer to a gluten reaction that may have symptoms similar to celiac disease, but where autoimmune criteria for celiac disease are negative, and usual allergic tests are also negative. There may also be other non-gastrointestinal symptoms, including behavioral changes, bone or joint pain, muscle cramps, leg numbness, weight loss and chronic fatigue.

A request was received, from Dr. Bose Ravenel, for codes to differentiate gluten sensitivity from celiac disease.

It is proposed that certain changes of notes and indexing take effect before October 1, 2014. Other changes involving creation of new codes are proposed to take effect on October 1, 2015.

References:

Brown AC. "Gluten sensitivity: problems of an emerging condition separate from celiac disease." *Expert Rev Gastroenterol Hepatol*. 2012 Feb;6(1):43-55.

Sapone A. "Spectrum of gluten-related disorders: consensus on new nomenclature and classification." *BMC Med*. 2012; 10: 13.

TABULAR MODIFICATIONS

These changes are proposed to be effective before October 1, 2014.

G32 Other degenerative disorders of nervous system in diseases classified elsewhere

G32.8 Other specified degenerative disorders of nervous system in diseases classified elsewhere

G32.81 Cerebellar ataxia in diseases classified elsewhere

Add Code first underlying disease, such as:
Add celiac disease (with gluten ataxia) (K90.0)
non-celiac gluten ataxia (M35.9)

K90 Intestinal malabsorption

K90.0 Celiac disease

Add Use additional code for associated disorders including:
Add dermatitis herpetiformis (L13.0)
Add gluten ataxia (G32.81)

INDEX MODIFICATIONS

Add Allergy, allergic ...
- wheat – see Allergy, food

Add Ataxia, ataxy, ataxic R27.0
...
Add - gluten M35.9 [G32.81]
Add - - with celiac disease K90.0 [G32.81]

Revise Intolerance
- gluten ~~K90.0~~ K90.4

Add Sensitive, sensitivity ...
- gluten K90.4

These changes are proposed to be effective October 1, 2015.

K90 Intestinal malabsorption

K90.0 Celiac disease

Revise	K90.4 Other malabsorption due to intolerance, not elsewhere classified
Delete	Malabsorption due to intolerance to carbohydrate
Delete	Malabsorption due to intolerance to fat
Delete	Malabsorption due to intolerance to protein
Delete	Malabsorption due to intolerance to starch

New code	K90.41 Non-celiac gluten sensitivity Gluten sensitivity NOS Non-celiac gluten sensitive enteropathy
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New code	K90.49 Malabsorption due to intolerance, not elsewhere classified Malabsorption due to intolerance to carbohydrate Malabsorption due to intolerance to fat Malabsorption due to intolerance to protein Malabsorption due to intolerance to starch
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Injuries Involving the Spinal Cord in the Lumbar and Sacral Regions

The spinal cord ends in the conus medullaris, which most often is located in the upper lumbar region, around L1 to L2. The nerve roots for the lower lumbar and sacral nerves make up the cauda equina, and travel through the spinal canal below the conus medullaris.

Injuries and disorders involving the lower spinal cord may be identified based on the neurological level affected, involving characteristic localized sensory and motor findings, such as the L5 neurological level affecting neurological function at and below where the L5 nerve roots leave the spinal cord. Reference to the sacral spinal cord implies the neurological level, not the bony level. Certain changes are proposed to the codes for injury of the lower spinal cord, to clarify this.

A recommendation to make changes to these codes (among others) was previously received from orthopedist Andelle Teng, MD, MS. The changes proposed here have involved input from multiple sources, including the American Academy of Neurology.

TABULAR MODIFICATIONS

	S34	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level
Add	Note:	Injuries to the spinal cord (S34.0 and S34.1) refer to the cord level and not bone level injury, and can affect nerve roots at and below the level given.
	S34.1	Other and unspecified injury of lumbar and sacral spinal cord
	S34.10	Unspecified injury to lumbar spinal cord
	S34.101	Unspecified injury to L1 level of lumbar spinal cord
Add		<u>Unspecified injury to lumbar spinal cord level 1</u>
	S34.102	Unspecified injury to L2 level of lumbar spinal cord
Add		<u>Unspecified injury to lumbar spinal cord level 2</u>
	S34.103	Unspecified injury to L3 level of lumbar spinal cord
Add		<u>Unspecified injury to lumbar spinal cord level 3</u>
	S34.104	Unspecified injury to L4 level of lumbar spinal cord

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S34.125 Incomplete lesion of L5 level of lumbar spinal
cord

Add

Incomplete lesion of lumbar spinal cord
level 5

**ICD-10-CM TABULAR
PROPOSED ADDENDA
March 2013 C&M
All proposed to be effective before October 1, 2014**

Chapter 1- Certain infectious and parasitic diseases (A00-B99)

- Delete Excludes1: certain localized infections - see body system-related chapters
~~infectious and parasitic diseases complicating pregnancy, childbirth and the
puerperium (O98.-)~~
- Delete ~~influenza and other acute respiratory infections (J00-J22)~~
- Add Excludes2: carrier or suspected carrier of infectious disease (Z22.-)
infectious and parasitic diseases complicating pregnancy, childbirth and the
puerperium (O98.-)
- Add influenza and other acute respiratory infections (J00-J22)
- A75 Typhus fever
- Revise Excludes1: rickettsiosis due to Ehrlichia sennetsu (A79.81)
- D48 Neoplasm of uncertain behavior of other
- Revise D48.5 Neoplasm
Excludes1: neoplasm of uncertain behavior of skin of genital organs (D39.8,
D40.8)
- D49 Neoplasms of unspecified behavior
- Revise D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
Excludes1: neoplasm of unspecified behavior of bone marrow (D49.89)
- E86 Volume depletion
- Revise Excludes1: postprocedural hypovolemic shock (T81.19)
- G08 Intracranial and intraspinal phlebitis and thrombophlebitis
- Delete Excludes1: intracranial phlebitis and thrombophlebitis complicating:
~~nonpyogenic intraspinal phlebitis and thrombophlebitis (G95.1)~~
- Add Excludes2: intracranial phlebitis and thrombophlebitis complicating nonpyogenic
intraspinal phlebitis and thrombophlebitis (G95.1)
- G99 Other disorders of nervous system in diseases classified elsewhere
- Revise G99.0 Autonomic neuropathy in diseases classified elsewhere
Excludes1: diabetic autonomic neuropathy (E09-E14 with .43)

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- H22 Disorders of iris and ciliary body in diseases classified elsewhere
Code first underlying disease, such as:
gout (M1A.-, M10.-)
leprosy (A30.9)
parasitic disease (B89)
- Add
Add
- H28 Cataract in diseases classified elsewhere
Excludes1: cataract in diabetes mellitus (E08.36, E09.36, E10.36, E11.36, E13.36)
- Revise
- H53 Visual disturbances
H53.4 Visual field defects
H53.46 Homonymous bilateral field defects
Homonymous hemianopia
Homonymous hemianopsia
Quadrant anopia
Quadrant anopsia
- Revise
Add
Revise
Add
- H61 Other disorders of external ear
H61.1 Noninfective disorders of pinna
Excludes2: cauliflower ear (M95.1-)
gouty tophi of ear (M1A.-, M10.-)
- Revise
- H66 Suppurative and unspecified otitis media
~~Use additional code for any associated perforated tympanic membrane (H72.-)~~
- Delete
- H66.1 Chronic tubotympanic suppurative otitis media
Use additional code for any associated perforated tympanic membrane (H72.-)
- Add
- H66.2 Chronic atticoantral suppurative otitis media
Use additional code for any associated perforated tympanic membrane (H72.-)
- Add
- H66.3 Other chronic suppurative otitis media
Use additional code for any associated perforated tympanic membrane (H72.-)
- Add
- H66.4 Suppurative otitis media, unspecified
Use additional code for any associated perforated tympanic membrane (H72.-)
- Add
- H66.9 Otitis media, unspecified
Use additional code for any associated perforated tympanic membrane (H72.-)
- Add

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- Revise I42 Cardiomyopathy
Code first pre-existing cardiomyopathy complicating pregnancy and puerperium (O99.4)
- I82 Other venous embolism and thrombosis
I82.4 Acute embolism and thrombosis of deep veins of lower extremity
I82.40 Acute embolism and thrombosis of unspecified deep veins of lower extremity
Revise Excludes1: acute embolism and thrombosis of unspecified deep veins of distal lower extremity (I82.4Z-)
Revise acute embolism and thrombosis of unspecified deep veins of proximal lower extremity (I82.4Y-)
- I82.5 Chronic embolism and thrombosis of deep veins of lower extremity
I82.50 Chronic embolism and thrombosis of unspecified deep veins of lower extremity
Revise Excludes1: chronic embolism and thrombosis of unspecified deep veins of distal lower extremity (I82.5Z-)
Revise chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity (I82.5Y-)
- Delete J10 Influenza due to other identified influenza virus
Use ~~additional code to identify the virus (B97.-)~~
- Add J20 Acute bronchitis
Add Excludes1: bronchitis NOS (J40)
tracheobronchitis NOS (J40)
- Delete Excludes2: acute bronchitis with bronchiectasis (J47.0)
Delete ~~bronchitis NOS (J40)~~
~~tracheobronchitis NOS (J40)~~
- Add J40 Bronchitis, not specified as acute or chronic
Excludes1: acute bronchitis (J20.-)
- Revise J84 Other interstitial pulmonary diseases
J84.8 Other specified interstitial pulmonary diseases
J84.89 Other specified interstitial pulmonary diseases
Excludes1: idiopathic non-specific interstitial pneumonitis (J84.113)

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- J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J95.7 Accidental puncture and laceration of a respiratory system organ or structure during a procedure
Revise Excludes2: postprocedural pneumothorax (J95.811)
- K63 Other diseases of intestine
K63.0 Abscess of intestine
Revise Excludes1: abscess of intestine with ulcerative colitis (K51.014, ~~K51.114~~, K51.214, K51.314, K51.414, K51.514, K51.814, K51.914)
K63.2 Fistula of intestine
Revise Excludes1: fistula of intestine with ulcerative colitis (K51.013, ~~K51.113~~, K51.213, K51.313, K51.413, K51.513, K51.813, K51.913)
- K72 Hepatic failure, not elsewhere classified
Excludes1: alcoholic hepatic failure (K70.4)
Delete ~~hepatic failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)~~
Delete ~~hepatic failure complicating pregnancy, childbirth and the puerperium (O26.6-)~~
Add Excludes2: hepatic failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
Add hepatic failure complicating pregnancy, childbirth and the puerperium (O26.6-)
- L03 Cellulitis and acute lymphangitis
L03.1 Cellulitis and acute lymphangitis of other parts of limb
L03.12 Acute lymphangitis of other parts of limb
Revise Excludes2: acute lymphangitis of toes (L03.04-)

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M01 Direct infections of joint in infectious and parasitic diseases classified elsewhere

Delete ~~Excludes1: arthritis, arthropathy (in):~~
Revise Excludes1: arthropathy in Lyme disease (A69.23)
Add gonococcal arthritis (A54.42)
Revise meningococcal arthritis (A39.83)
Revise postmeningococcal arthritis (A39.84)
Revise mumps arthritis (B26.85)
Revise postinfective arthropathy (M02.-)
Revise reactive arthritis (M02.3)
Revise rubella arthritis (B06.82)
Revise sarcoidosis arthritis (D86.86)
Revise typhoid fever arthritis (A01.04)
Revise tuberculosis arthritis (A18.02)
Revise tuberculosis arthritis of spine (A18.01)

M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified

M96.8 Other intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified

M96.81 Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a procedure

Revise Excludes1: intraoperative hemorrhage and hematoma of a musculoskeletal structure due to accidental puncture and laceration during a procedure (M96.82-)

N02 Recurrent and persistent hematuria

Delete Excludes1: ~~acute prostatitis with hematuria (N41.01)~~
Delete ~~chronic prostatitis with hematuria (N41.11)~~

N18 Chronic kidney disease (CKD)

N18.9 Chronic kidney disease, unspecified

Delete ~~Renal disease NOS~~

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- N74 Female pelvic inflammatory disorders in diseases classified elsewhere
Revises Excludes1: chlamydial cervicitis (A56.02)
Delete ~~chlamydial (A56.02)~~
Revises gonococcal cervicitis (A54.03)
Revises herpesviral [herpes simplex] cervicitis (A60.03)
Revises syphilitic cervicitis (A52.76)
Revises trichomonal cervicitis (A59.09)
Revises tuberculous cervicitis (A18.16)
Revises chlamydial pelvic inflammatory disease (A56.11)
Delete ~~chlamydial (A56.11)~~
Revises gonococcal pelvic inflammatory disease (A54.24)
Revises herpesviral [herpes simplex] pelvic inflammatory disease (A60.09)
Revises syphilitic pelvic inflammatory disease (A52.76)
Revises tuberculous pelvic inflammatory disease (A18.17)
- O88 Obstetric embolism
Revises Excludes1: embolism complicating failed attempted abortion (~~O07.2, O07.7~~)
- O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99.0 Anemia complicating pregnancy, childbirth and the puerperium
O99.03 Anemia complicating the puerperium
Revises Excludes1: postpartum anemia not pre-existing prior to delivery (O90.81)
- P28 Other respiratory conditions originating in the perinatal period
P28.8 Other specified respiratory conditions of newborn
P28.89 Other specified respiratory conditions of newborn
Revises Excludes1: early congenital syphilitic rhinitis (A50.05)
- P92 Feeding problems of newborn
P92.0 Vomiting of newborn
P92.01 Bilious vomiting of newborn
Revises Excludes1: bilious vomiting in child over 28 days old (R11.14)
- R31 Hematuria
Delete Excludes1: ~~acute prostatitis with hematuria (N41.01)~~
- S38 Crushing injury and traumatic amputation of abdomen, lower back, pelvis and external genitals
S38.1 Crushing injury of abdomen, lower back, and pelvis
Revises Excludes2: crushing injury of external genital organs (S38.0-)

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- S54 Injury of nerves at forearm level
S54.8 Injury of other nerves at forearm level
Revise S54.8x Unspecified injury of other nerves at forearm level
- T20 Burn and corrosion of head, face, and neck
T20.5 Corrosion of first degree of head, face, and neck
Revise T20.56 Corrosion of first degree of forehead and cheek
- T86 Complications of transplanted organs and tissue
T86.8 Complications of other transplanted organs and tissues
T86.82 Complications of skin graft (allograft) (autograft)
Revise Excludes2: complication of artificial skin graft (T85.693)
- W16 Fall, jump or diving into water
Revise Excludes2: striking or hitting diving board (W21.4)
- W55 Contact with other mammals
Revise Excludes1: contact with marine mammals (W56.-)
- W60 Contact with nonvenomous plant thorns and spines and sharp leaves
Revise Excludes1: Contact with venomous plants (T63.7-)
- W94 Exposure to high and low air pressure and changes in air pressure
W94.3 Exposure to rapid changes in air pressure during descent
Revise W94.31 Exposure to sudden change in air pressure in aircraft during ~~ascent or~~
descent
- V92 Drowning and submersion due to accident on board watercraft, without accident to
watercraft
V92.0 Drowning and submersion due to fall off watercraft
Revise V92.08 Drowning and submersion due to fall off other unpowered watercraft
Excludes1: drowning and submersion due to rider of nonpowered
watercraft being hit by other watercraft (V94-)
Revise other injury due to rider of nonpowered watercraft being hit
by other watercraft (V94-)

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Y92 Place of occurrence of the external cause

Y92.0 Non-institutional (private) residence as the place of occurrence of the external cause

Y92.00 Unspecified non-institutional (private) residence as the place of
occurrence of the external cause

Revise

Y92.002 Bathroom of unspecified non-institutional (private) residence
single-family (private) house as the place of occurrence of the
external cause

Y92.4 Street, highway and other paved roadways as the place of occurrence of the external
cause

Revise

Excludes1: private driveway of residence (Y92.014, Y92.024, Y92.043, Y92.093,
Y92.113, Y92.123, Y92.154, Y92.194)

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ICD-10-CM INDEX TO DISEASES AND INJURIES

PROPOSED ADDENDA

March 2013 C&M

All effective before October 1, 2014

- Abnormal, abnormality, abnormalities - see also Anomaly
- specimen
- - female genital organs (secretions) (smears) R87.9
- - - cytology R87.69
- - - - cervix R87.619
Revise - - - - - specified NEC R87.618
- Agensis
Delete - ~~oesophagus Q39.8~~
- Allergy, allergic (reaction) (to) T78.40
- - due to
Revise - - - Cryptostroma corticale J67.6
- Anemia...
- refractory D46.4
Revise - - sideropenic D50.9
- Anomaly...
Revise leukocytes, genetic D72.0
- Arsenical pigmentation L81.8
Revise - from drug or medicament - see Table of Drugs and Chemicals
- Brickmakers' anemia B76.9 [D63.8]
Revise
- Carcinoma (malignant) – see also Neoplasm, by site, malignant
Revise - epidermoid - see also Neoplasm, skin malignant
- Collapse R55
Revise - postoperative (~~cardiovascular~~) T81.10
- Coma...
Revise - Glasgow, scale score - see Glasgow coma scale
Revise - specified NEC, without documented Glasgow coma scale score, or with partial Glasgow coma scale score reported R40.244

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- Complications) (from) (of)
- fixation device, internal (orthopedic) T84.9
Revise - - specified type NEC T84.89
- joint prosthesis, internal T84.9
Revise - - specified joint NEC T84.89
- postprocedural - see also Complications, surgical procedure
- - hemorrhage (hematoma) (of)
- - - nervous system
Revise - - - - following a nervous system procedure G97.51
Revise - - - - following other procedure G97.52
- - - respiratory system
Revise - - - - following procedure on respiratory system organ or structure J95.830
Revise - - - - following other procedure J95.831
- Concussion...
Revise - conus medullaris S34.02
- Contusion (skin surface intact) T14.8
Revise - mesosalpinx S37.892
Delete ~~—bilateral S37.522~~
Delete ~~—unilateral S37.521~~
- Cracked nipple N64.0
- associated with
Add - - puerperium O92.12
- Deformity Q89.9
- epididymis (congenital) Q55.4
Revise - - acquired N50.8
- Dermatitis (eczematous) L30.9
- contact (occupational) L25.9
- - due to
Add - - - cement L25.3
- due to
Revise - - alcohol (irritant) (skin contact) (substances in category T51.00-T51.93) L24.2
Revise - - cement (contact) L25.3
Revise - - chemicals(s) NEC L25.3
- - irritant L24.9
- - - due to
Add - - - - cement L24.5
Revise - - plastic L25.3
Revise - - solvents (contact) (irritant) (substances in categories T52.00-T53.93) L24.2

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- Disease
- infectious, infective B99.9
- - congenital P37.9
- - - specified NEC P37.8
Revise - - - viral P35.9
Add - - - - specified type NEC P35.8
- Disorder (of)...
- cannabis use
Revise - - due to drug dependence - see Dependence, drug, cannabis
- Epididymitis (acute) (nonvenereal) (recurrent) (residual) N45.1
Revise - filarial (see also Infestation, filarial) B74.9 [N51]
- Gangrene, gangrenous...
Revise - appendix K35.80
- Revise Glasgow coma scale
- Gout, gouty (acute) (attack) (flare) (see also Gout, chronic) M10.9
Revise - tophi - see Gout, chronic
- Gout, chronic (see also Gout, gouty) M1A.9
Revise - tophi M1A.9
- Hematoma (traumatic) (skin surface intact) - see also Contusion
- mesosalpinx (nontraumatic) N83.7
Revise - - traumatic S37.898
Delete ~~—bilateral S37.522~~
Delete ~~—unilateral S37.521~~
- uterine ligament (broad) (nontraumatic) N83.7
Revise - - traumatic S37.892
- Hemorrhage, hemorrhagic (concealed) R58
- intracranial (nontraumatic) I62.9
- - intracerebral (nontraumatic) (in) I61.9
- - - postprocedural
Revise - - - - following a nervous system procedure G97.51
Revise - - - - following other procedure G97.52
Add - subgaleal P12.1
- Histoplasmosis B39.9
Revise - with pneumonia NEC B39.2-~~J171~~

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- Hypertension, hypertensive...
- complicating
- - puerperium O10.93
Add - - - pregnancy-induced O13.9
- Infarct, infarction
Revise - pancreas K86.8
- Infection, infected, infective (opportunistic) B99.9
Revise - kidney (cortex) (hematogenous) N15.9
- - following ectopic gestation O08.83
- Injury...
Revise - bile duct S36.13
- blast (air) (hydraulic) (immersion) (underwater) NEC T14.8
Revise - - bladder - see Injury, bladder, ~~blast injury~~
- blood vessel NEC T14.8
Revise - - abdomen S35.9-
Revise - - - specified vessel NEC S35.8X-
Delete ~~site NEC - see subcategory S35.8X-~~
Delete ~~type NEC S35.99~~
Revise - - deep plantar - see Injury, blood vessel, plantar artery
- - mesenteric (inferior) (superior)
Revise - - - vein - see Injury, mesenteric vein
Revise - - specified NEC T14.8
Revise - eustachian tube S09.30-
- kidney S37.00-
Add - - acute (nontraumatic) N17.9
- labyrinth, ear S09.30-
- middle ear S09.30-
- pelvic organ S37.92
Revise - - prostate S37.822
Revise - peritoneum S36.81
Add - - laceration S36.893
- superficial NEC T14.8
- - thumb S60.93-
- - - insect bite - see Bite, by site, superficial, insect
Delete ~~specified type NEC S60.392~~
Delete ~~specified type NEC S60.391~~
Revise - - - specified type NEC S60.39-
- Laceration
Revise - mesosalpinx S37.893
Delete ~~bilateral S37.532~~
Delete ~~unilateral S37.531~~

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- Delete ~~Leuc(e)~~—see ~~Leuk(e)~~
- Delete ~~Medical services provided for~~—see ~~Health, services provided because (of)~~
- Delete Microdrepanocytosis D57.40
~~—with sickle cell crisis D57.41~~
Add - with crisis (vasoocclusive pain) D57.419
Add - - with
Add - - - acute chest syndrome D57.411
Add - - - splenic sequestration D57.412
- Myocardiopathy...
- in (due to)
Revise - - myotonia atrophica G71.11 [I43]
- Delete ~~Oedema, oedematous~~—see ~~Edema~~
- Delete ~~Oesophag(e)~~—see ~~Esophag(e)~~
- Revise Orchitis (gangrenous) (nonspecific) (septic) (suppurative) N45.2
- filarial (see also Infestation, filarial) B74.9 [N51]
- Revise Pain(s)...
- pleura, pleural, pleuritic R07.81
- Revise Perforation.....
- vagina —see also ~~Puncture, vagina O71.4~~
Add - - obstetrical trauma O71.4
Add - - other trauma - see ~~Puncture, vagina~~
- Revise Pleuralgia R07.81
- Pregnancy...
- complicated by...
- - failed induction of labor O61.9
Delete ~~— failed or difficult intubation for anesthesia O29.6-~~
Add - - failed or difficult intubation for anesthesia O29.6-
- ectopic (ruptured) O00.9
Revise - - complicated (by) O08.9
Revise - - - afibrinogenemia O08.1
Revise - - - cardiac arrest O08.81
Revise - - - chemical damage of pelvic organ(s) O08.6
Revise - - - circulatory collapse O08.3
Revise - - - defibrination syndrome O08.1
Revise - - - electrolyte imbalance O08.5
Revise - - - embolism (amniotic fluid) (blood clot) (pulmonary) (septic) O08.2
- Revise - - - endometritis O08.0

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Revise - - - genital tract and pelvic infection O08.0
Revise - - - hemorrhage (delayed) (excessive) O08.1
 - - - infection
Revise - - - - genital tract or pelvic O08.0
Add - - - - kidney O08.83
Revise - - - - urinary tract O08.83
Revise - - - intravascular coagulation O08.1
Revise - - - laceration of pelvic organ(s) O08.6
Revise - - - metabolic disorder O08.5
Revise - - - oliguria O08.4
Revise - - - oophoritis O08.0
Revise - - - parametritis O08.0
Revise - - - pelvic peritonitis O08.0
Revise - - - perforation of pelvic organ(s) O08.6
Revise - - - renal failure or shutdown O08.4
Revise - - - salpingitis or salpingo-oophoritis O08.0
Revise - - - sepsis O08.82
Revise - - - shock O08.83
Revise - - - - septic O08.82
Revise - - - specified condition NEC O08.89
Revise - - - tubular necrosis (renal) O08.4
Revise - - - uremia O08.4
Revise - - - urinary infection O08.83
Revise - - - venous complication NEC O08.7
Revise - - - - embolism O08.2
 - molar NEC O02.0
Revise - - complicated (by) O08.9
Revise - - - afibrinogenemia O08.1
Revise - - - cardiac arrest O08.81
Revise - - - chemical damage of pelvic organ(s) O08.6
Revise - - - circulatory collapse O08.3
Revise - - - defibrination syndrome O08.1
Revise - - - electrolyte imbalance O08.5
Revise - - - embolism (amniotic fluid) (blood clot) (pulmonary) (septic) O08.2
Revise - - - endometritis O08.0
Revise - - - genital tract and pelvic infection O08.0
Revise - - - hemorrhage (delayed) (excessive) O08.1
 - - - infection
Revise - - - - genital tract or pelvic O08.0
Add - - - - kidney O08.83
Revise - - - - urinary tract O08.83
Revise - - - intravascular coagulation O08.1
Revise - - - laceration of pelvic organ(s) O08.6
Revise - - - metabolic disorder O08.5
Revise - - - oliguria O08.4
Revise - - - oophoritis O08.0

Revise - - - parametritis O08.0

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- Revise - - - pelvic peritonitis O08.0
- Revise - - - perforation of pelvic organ(s) O08.6
- Revise - - - renal failure or shutdown O08.4
- Revise - - - salpingitis or salpingo-oophoritis O08.0
- Revise - - - sepsis O08.82
- Revise - - - shock O08.3
- Revise - - - - septic O08.82
- Revise - - - specified condition NEC O08.89
- Revise - - - tubular necrosis (renal) O08.4
- Revise - - - uremia O08.4
- Revise - - - urinary infection O08.83
- Revise - - - venous complication NEC O08.7
- Revise - - - - embolism O08.2

- Pseudotumor
- Revise - orbit H05.11

- Puerperal, puerperium (complicated by, complications)
- disorder O90.9
- Revise - - lactation O92.70
- Revise - endotrachelitis O86.11
- Revise - perimetritis O86.12
- Revise - pyometra O86.12

- Rupture, ruptured
- splenic vein R58
- Revise - - traumatic - see Injury, blood vessel, splenic vein

- Splenitis (interstitial) (malignant) (nonspecific) D73.89
- Revise - malarial (see also Malaria) B54 [D77]

- Symptoms NEC R68.89
- Revise - skin and integument NEC R23.9
- Revise - subcutaneous tissue NEC R23.9

- Revise Threshers' lung

- Revise Tophi -see Gout, chronic

- Urethritis (anterior) (posterior) N34.2
- Revise - puerperal O86.22

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PROPOSED ADDENDA
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- Revise Cut, cutting (any part of body) (accidental) -- see also Contact, with, by object or machine
- during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complications
- Revise Foreign body ~~entering through skin W45.8~~
Add - aspiration - see Index to Diseases and Injuries, Foreign body, respiratory tract
Add - entering through skin W45.8
Revise - - can lid W45.2
Revise - - nail W45.0
Revise - - paper W45.1
Revise - - specified NEC W45.8
Revise - - splinter W45.8
- Revise Hemorrhage
- delayed following medical or surgical treatment without mention of misadventure - see Index to Diseases and Injuries, Complication(s)
- Revise - during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complication(s)
- Revise Misadventure(s) to patient(s) during surgical or medical care Y69
Revise - hemorrhage - see Index to Diseases and Injuries, Complication(s)
Revise - perforation - see Index to Diseases and Injuries, Complication(s)
Revise - puncture - see Index to Diseases and Injuries, Complication(s)
- Revise Perforation during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complication(s)
- Revise Puncture, puncturing -- see also Contact, with, by type of object or machine
- during medical or surgical treatment as misadventure - see Index to Diseases and Injuries, Complication(s)

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**ICD-10-CM TABLE OF NEOPLASMS
 PROPOSED ADDENDA
 March 2013 C&M
 Effective October 1, 2014**

		<u>Primary Malignant</u>	<u>Malignant Secondary</u>	<u>Ca In Situ</u>	<u>Benign</u>	<u>Uncertain Behavior</u>	<u>Unspecified Behavior</u>
	Neoplasm						
Revise	- cricoid..... - - cartilage	C32.3	<u>C78.39</u>	D02.0	D14.1	D38.0	D49.1
Revise	- interarytenoid fold... - - laryngeal aspect	C32.1	<u>C78.39</u>	D02.0	D14.1	D38.0	D49.1